



**Power of Attorney and
Declaration of Representative**

Form 2848-ME
Maine Revenue Services
24 State House Station
Augusta, ME 04333

Part I Power of Attorney

Taxpayer(s) name(s)

Social Security Number

Street address

Federal Identification Number

City, State and ZIP

Other Identification Number

Hereby appoint(s) the following individual(s)*

Name

Address

Telephone Number

as attorney(s)-in-fact to represent the taxpayer(s) before Maine Revenue Services for the following tax matter(s)
(specify the type[s] of tax and year[s] or period[s] [date of death, if estate tax])

Type of Tax
(Individual, Corporate, Sales, Excise, Etc.)

Maine Form Number
(1040-ME, 1120-ME, Sales, Excise, etc.)

Year(s) or period(s)
(Date of death if estate tax)

The attorney(s)-in-fact (or either of them) are authorized, subject to revocation, to receive confidential information and to perform any and all acts that the principal(s) can perform with respect to the above specified tax matters.

- ☐ Send originals of all notices and all other written communications in proceedings involving the above tax matters to the appointee, first named above and a duplicate copy of all notices and all other communications to the taxpayer named above, or
- ☐ Send copies of all notices and all other written communications addressed to the taxpayer(s) in proceedings involving the above tax matters to:
- ☐ The appointee first named above or
 - ☐ Names of not more than two of the appointees named above _____

This Power of Attorney revokes all other earlier powers of attorney and tax information authorizations on file with Maine Revenue Services for the tax matters and years or periods covered by this power of attorney, except the following:

(Specify to whom granted, date, and address including ZIP code or refer to attached copies of earlier powers and authorizations.)

Signature of or for taxpayer(s)

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.

(Signature)

(Title, if applicable)

(Date)

Also type or print your name below if signing for a taxpayer who is not an individual:

(Signature)

(Title, if applicable)

(Date)

*You may authorize an organization, firm or partnership to receive confidential information, but your representative must be an individual who must complete Part II

☐ is/are known to and signed in the presence of the two disinterested witnesses whose signatures appear here:

----- (Signature of Witness) ----- (Date) -----

Witness: _____ NOTARIAL SEAL
(Signature of Notary) (Date)

1. A member in good standing of the bar of the highest court of the jurisdiction shown below;
2. Duly qualified to practice as a certified public accountant in the jurisdiction shown below;
3. A bona fide officer of the taxpayer organization;
4. A full-time employee of the taxpayer;
5. A member of the taxpayer's immediate family (spouse, parent, child, brother or sister);
6. A fiduciary for the taxpayer;
7. Other (Explain) _____

[illegible]